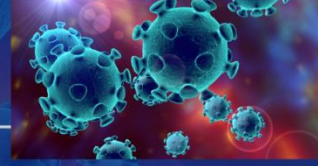


# COVID-19

## Acute Care Visitor Guidelines



**To:** All Staff

**From:** Wanda Slade, Regional Director of Acute Care

**Date:** March 14<sup>th</sup>, 2021

**Re:** **Acute Care Visitor Guidelines (changes highlighted in red)**

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Labrador-Grenfell Health's Acute Care visitor guidelines have been revised and are in line with provincial direction.

### General Visiting

General Visiting to acute care facilities is currently suspended.

Please note, the approval of a travel exemption **does not mean** that approval has been given for the traveler(s) to visit a loved one in an acute care facility.

- The traveler(s) is to consult with the facility providing care for their loved one, a minimum 24 hours in advance of arrival in Newfoundland and Labrador, to ensure they are aware of visitation policies.
- If the traveler(s) is advised by the facility staff that they will be able to visit in accordance with visitation policies, they may leave self-isolation for the **purpose of completing the visit only**. All other requirements related to self-isolation must be adhered to, including isolating from other family members. The facility will provide the personal protective equipment which may be required to be worn during the visit.
- The visitation policies are based on the condition of the patient at the time of the inquiry, should the patient's condition change, the visitation policy may differ from the initial information provided. The facility has the right to refuse visitation based on the current condition of the patient or if provincial visiting policies had been updated.

If any patient is suspected to have COVID-19, personal protective equipment must be worn for the visit as per protocol. If a patient is confirmed COVID-19 positive, visitation can occur in consultation with the care team.

March 14, 2021,

## Essential Visitor/**Designated Visitor**

In-patients in acute care may identify one essential visitor, **where necessary**. Essential visitors **may not** be identified for every patient.

An essential visitor is an individual considered by the patient care team to be paramount to the patient's physical care and mental well-being. They may provide assistance with feeding, mobility, personal care, communication assistance or assistance with significant behavioral symptoms.

If an essential visitor is identified, the individual should remain constant, to the greatest extent possible, for the duration of the visiting restrictions at health care/residential care homes. The care team will work with the patient/family to ensure caregiver burnout of the essential visitor does not occur.

A designated visitor is a consistent individual, identified by the patient as an essential support, and/or someone the patient wants involved in their care and health matters.

**All visitors will be provided a mask and are required to wear the mask for the duration of their visit.**

- The essential visitor must consult with the clinical care team to coordinate when the essential visitor/**designated visitor(s)** will be in attendance with the patient.
- The essential visitor/**designated visitor(s)** may visit as coordinated with the clinical care team of the patient.
- The patient care team will advise of the visiting protocol that is to be followed when the essential visitor/ **designated visitor(s)**:
  - Is from outside of the province/ a rotational worker; and,
  - Has not completed the isolation period required under the current Special Measure Orders.
- The essential visitor/**designated visitor(s)** is to be provided education on the following:
  - screening process upon entry into the facility/home;
  - signs and symptoms of COVID-19;
  - proper hand hygiene;
  - donning and doffing of appropriate personal protective equipment;
  - physical distancing (to the greatest extent possible); and,
  - limiting their social interactions outside the home (people in their "bubble") to minimize their personal risk and risk to the patient/resident.
- **All visitors** are to be advised that if they show any signs or symptoms of COVID-19 not come to the facility, advise the staff of the facility of the change in their health; complete the on-line self-assessment at <https://covidassessment.nlchi.nl.ca> and contact 811 if needed.
- The **visitor** must not visit any other patient or staff and must go straight to the patient room or visitation space.
- The **visitor** is permitted to bring food into the facility for themselves or the patient.
- Individuals who are feeling unwell or sick are not permitted to visit.

**In-Patient Acute Care (Except for End-of-Life):**

- When an essential visitor has been approved for an in-patient, the essential visitor can attend/visit with an in-patient as coordinated with the facility staff.
- The essential visitor must contact the hospital unit before visiting to confirm the visiting time and to ensure they are aware of the visiting requirements of the care facility.
- An essential visitor may be present for patients who have a reasonable expectation of receiving information which may have significant implications for the future health of the patient.
- In-patients with an extended admission, in consultation with their care team, may be permitted to identify up to two designated visitors in addition to the essential visitor. When an essential visitor has been identified for the patient, the patient may still identify up to two designated visitors. To the greatest extent possible, the designated visitors should remain constant for the duration of the visiting restrictions.
  - In determining the number of visitors permitted, the clinical care team will give consideration to the prevalence of COVID-19 in the community, screening of visitors, space available to support multiple visitors when the patient/resident is not in a private room, and the ability to comply with public health guidance to ensure the continued safety of patients/visitors and staff.
- The AC SW/ward clerk/designate will be responsible to coordinate visits Monday to Friday and provide education on the visiting process. The Site Supervisor/designate will follow-up on evenings and weekends.
- The **Visitor List** is to be updated twice per day by the unit ward clerk/designate and kept at the screening table.
- No day passes permitted in Alert Level 3.

**ICU/CCU:**

- Two designated visitors are permitted to visit one ICU/CCU patient at the same time. Visitation may begin immediately after admission, with visiting times determined in consultation with the care team.

**Obstetrics:**

- The patient can have one support person attend the delivery.
- The support person can continue to support the mother until discharge. To the greatest extent possible, the support person should remain in the facility, and limit their movement within the facility.
- The patient care team will advise of the visiting protocol that is to be followed when the support person:
  - Is from outside of the province/ a rotational worker; and,
  - Has not completed the isolation period required under the current Special Measure Orders.
- Additionally, two designated visitors are permitted after delivery to the time of discharge, with visits coordinated by the patient care team.

**Pediatrics:**

- Children who are in-patients can have both parents identified as essential visitors, only one of the parents may be present at a time.
- There are no restrictions on the number of visits per day.
- In-patients with an extended admission, in consultation with their care team, may be permitted to identify up to two designated visitors in addition to the essential visitor(s). When an essential visitor has been identified for the patient, the patient may still identify up to two designated visitors. To the greatest extent possible, the designated visitors should remain constant for the duration of the visiting restrictions.
  - In determining the number of visitors permitted, the clinical care team will give consideration to the prevalence of COVID-19 in the community, screening of visitors, space available to support multiple visitors when the patient/resident is not in a private room, and the ability to comply with public health guidance to ensure the continued safety of patients/visitors and staff.

### **Out-Patient Care**

- A patient who has specific challenges resulting in compromised comprehension, decision making or mobility due to disability or onset of a medical condition will require an essential visitor when attending out-patient/ambulatory clinics or presenting at the emergency department. (All individuals presenting from the general public are considered patients, including individuals who are residents of long-term care homes, personal care homes, and community care homes.)
  - Approval of a visitor while a patient is in the emergency department is at the discretion of the patient care team and would be based on an evaluation of the specific case, with consideration being given to supporting patient centric care, the prevalence of COVID-19 in the community, screening of visitors, space available to support multiple visitors when the patient/resident is not in a private room, and the ability to comply with public health guidance to ensure the continued safety of patients/visitors and staff.
- An identified essential visitor may also be present for patients:
  - who have a reasonable expectation of receiving information which may have significant implications for the future health of the patient;
  - when the patient is 18 years of age and under, both parents may be present; or,
  - who are having pre-natal ultrasounds completed.
- Attendance by an essential visitor can begin upon presentation to the facility.

### **End-of – Life Visiting:**

#### **Patients at End-of-Life**

- The clinical care team will discuss visiting protocols with the patient//family, and advise the number of visitors permitted, to a maximum of six individuals, as determined by the clinical status of the patient/resident.
  - In determining the number of visitors permitted, the clinical care team will give consideration to the prevalence of COVID-19 in the community, screening of visitors, and the ability to support multiple visitors when the patient is not in a

private room, and the ability to comply with public health guidance to ensure the continued safety of patients/family members and staff.

- When the patient only has children 18 years and under and they wish to visit, they would be over and above the maximum of six visitors.
- One visitor can be designated as the primary support person.
- Clinical care team will discuss the coordination of visitors with the primary support person or substitute decision maker and advise of the number of visitors permitted in the patient room at any given time.
- The primary support person is not limited to one daily visit.
- The remaining visitors can visit once each day, the length of visit is not restricted, however once the individual leaves the facility/site that is considered the end of the visit for that day.
- Children of the patient who are 18 and under are permitted to visit each day. They can visit with one of the designated visitors. The number of visitors for the patient, may exceed two when children aged 18 and under are visiting.
- Visitors must complete the screening process upon entering the facility.
- Visitors must remain in the patient room and wear a mask at all times and follow the required hand hygiene practices.
- RHA staff will assist patients in maintaining contact with their families and friends through virtual access.
- Individual situations that arise which do not align with outlined guidelines, such as MAiD, will be discussed with the director or manager of site operations or designate to determine visitation protocols.
- **As the patient/resident nears end-of-life, the following individuals, if not already identified as designated visitors, will be permitted to have one visit with the patient/resident:**
  - all immediate family (parents, siblings, spouse, children, and grandchildren);
  - spouses of immediate family; and,
  - individuals who resided in the same household with the patient prior to their admission.

If a patient is suspected to have COVID-19, personal protective equipment must be worn for the visit as per protocol. If a patient is confirmed COVID-19 positive, visitation can occur in consultation with the care team.

### **Travelers/Rotational Workers Identified as Designated Visitors who are Completing Isolation**

- The patient care team will advise of the visiting protocol that is to be followed when a designated visitor is:
  - from outside of the province/ a rotational worker; and,
  - the isolation period required under the current Special Measure Orders has not been completed.
- A traveler/rotation worker who is approved as a designated visitor for patients at end of life must:
  - Be asymptomatic;
  - Wear a mask and any other PPE identified by the clinical care team;

- Maintain physical distancing with others they encounter in the facility; and,
- Abide by all other associated policies of the facility.
- Ideally, the traveler should be alone in the room with the patient, and it is mandatory that they maintain physical distancing if others are in the room.
- Visitation by the traveler during their isolation will only occur as discussed and coordinated with the clinical care team and the primary support person or substitute decision maker.
- When the traveler leaves the facility, they are to follow all self-isolation requirements as per current Special Measure Orders

**Note: Visitation may be suspended if visitors are not abiding by procedures.**

**A Pastoral support person is in addition to the essential visitors and are considered part of the care team.**